AMENDED IN ASSEMBLY JANUARY 5, 2004

CALIFORNIA LEGISLATURE—2003-04 REGULAR SESSION

Assembly Joint Resolution

No. 41

Introduced by Assembly Member Yee

June 19, 2003

Assembly Joint Resolution No. 41—Relative to psychotropic drugs and youth.

LEGISLATIVE COUNSEL'S DIGEST

AJR 41, as amended, Yee. Psychotropic drugs and youth: the federal Pediatric Research Equity Act of 2003.

This measure would request the President and the Congress of the United States to urge the Food and Drug Administration to probe the reasons for the rise in the use of psychotropic drugs to manage mental health problems in youth and to develop expanded clinical trials and other research regarding the appropriate use of medication in the psychiatric treatment of children and adolescents.

This measure would commend the Congress and the President of the United States for recognizing the importance of testing the safety and effectiveness of drugs for pediatric use through the enactment of the Pediatric Research Equity Act of 2003.

Fiscal committee: no.

- 1 WHEREAS, An estimated six million children in the United
- 2 WHEREAS, Federal legislation, known as the Pediatric
- 3 Research Equity Act of 2003 (S 650), was introduced in the Senate
- 4 of the United States on March 18, 2003, passed by Congress in
- 5 July, 2003, and signed by the President on December 3, 2003; and

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WHEREAS, The purpose of the Pediatric Research Equity Act of 2003 is to provide the Food and Drug Administration (FDA) with clear authority to require pediatric studies of drugs to ensure their safe and effective use for children and the act applies to all medications whose intended use in pediatrics is the same as adults, thus ensuring complete information about the effects of the drug on children; and

WHEREAS, The Pediatric Research Equity Act is landmark legislation that gives the FDA the full authority to require drug manufacturers to test new medicines in children and the full power to order testing of older drugs, including psychiatric medications, that are widely prescribed to children if companies do not conduct studies voluntarily; and

WHEREAS, The Pediatric Research Equity Act will provide child and adolescent psychiatrists with safety and efficacy information about medications they prescribe for children and adolescents with mental illnesses; and

WHEREAS, There are an estimated six million children in the United States between the ages of six and 18 years of age taking psychotropic drugs, including stimulants such as Ritalin, antidepressants such as Paxil, Prozac, or Zoloft, and amphetamines such as Dexedrine; and

WHEREAS, The Pediatric Research Equity Act is timely legislation, especially in light of a recent study published in the Archives of Pediatrics and Adolescent Medicine that identified a rapid increase in the proportion of children and adolescents in the United States taking all types of psychiatric medications from the mid-1980s to the mid-1990s and that spotlighted the relative lack of knowledge about the unknown long-term effects of these medications on the pediatric and adolescent population; and

WHEREAS, The Pediatric Research Equity Act will prompt the development of a solid body of long-term research and testing that is needed to determine the long-term safety of psychiatric medications in light of earlier ages of initiation and longer duration of treatment and that is needed to examine drug concentrations in body fluids and tissues over time in children and adolescents to determine the appropriate dosage and frequency for youth of different ages and body sizes; and

WHEREAS, Prior to the enactment of the Pediatric Research Equity Act and, as cited in the landmark 2000 Report of the U.S.

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Surgeon General on Mental Health, physicians, specifically child and adolescent psychiatrists, relied on data from studies in adults, any clinical or anecdotal reports of use in child and adolescent patients, studies conducted outside the United States, and the experience of colleagues when making decisions to prescribe drugs, including psychotropic medications, to the pediatric and adolescent population; and

WHEREAS, When prescribed appropriately by a psychiatrist, preferably a child and adolescent psychiatrist, taken as prescribed, and used in conjunction with a comprehensive treatment plan that includes psychotherapy, medication may reduce or eliminate symptoms and improve the daily functioning of children and adolescents diagnosed with psychiatric disorders, and

WHEREAS, The Pediatric Research Equity Act is important legislation that will raise awareness that, because children and adults react to drugs in different ways, trying to calculate dosages on the basis of what is appropriate for adults risks over- and undermedicating children; and

WHEREAS, According to the American Academy of Pediatrics, only approximately 25 percent of all drugs on the market today have been tested or labeled for safe and effective use in children; and

WHEREAS, According to the FDA, pediatric testing has been done on 91 medications, which is far less than the 400 drugs for which the agency has requested studies in children; and

WHEREAS, As a result of the Pediatric Research Equity Act, increased testing and research on drugs prescribed for children will help guide sound treatment planning, increase access to more effective treatment options for children and adolescents living with physical and mental illnesses, and destignatize child and adolescent mental illnesses; and

WHEREAS, Children are a unique population with special medical needs and access to drugs that have been properly tested for pediatric use will ensure that they are safe and will work to ease children's pain and suffering or make them healthy; now, therefore, be it

Resolved by the Assembly and Senate of the State of California, jointly, That the Legislature of the State of California commends the Congress and the President of the United States for enacting

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the landmark Pediatric Research Equity Act of 2003 and thereby
recognizing the importance of testing the safety and effectiveness
of drugs for pediatric use, a victory for children's health and
well-being; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the President and Vice President of the United States, to the Commissioner of the Food and Drug Administration, to the Secretary of Health and Human Services, and to each Senator and Representative from California in the Congress of the United States.

States between six and 18 years of age are taking psychotropic drugs; and

WHEREAS, There appears to be an increase in prescribing psychotropic drugs to youths younger than 20 years of age, with the number of children receiving psychotropic medication of all types increasing two- to three-fold between 1987 and 1996, according to a January, 2003, study published in the Archives of Pediatrics and Adolescent Medicine; and

WHEREAS, Recent national media attention has focused concern on the use and unknown long-term effects of stimulants like Ritalin, amphetamines like Dexedrine, and antidepressants like Paxil, Prozac, and Zoloft for children; and

WHEREAS, There is increasing concern that side effects from stimulants, antidepressants, antipsychotics, mood stabilizing anticonvulsants and other psychotropic agents may cause children and adolescents to become intensely nervous, restless, anxious, and, possibly, more violent in school; and

WHEREAS, Symptoms of childhood and adolescent mental disorders, such as generalized anxiety disorder, obsessive compulsive disorder, major depressive disorder, bipolar disorder, schizophrenia, attention-deficit hyperactivity disorder, and autism, include repeated feelings of intense internal or emotional anxiety, lasting depression, low self-esteem, inattentiveness, aggression, and difficulty learning or understanding the feelings of others, and it is not uncommon for children to have more than one of these disorders; and

WHEREAS, There is general agreement that mental illnesses in youth cannot be diagnosed appropriately without consulting with a variety of professionals and clinicians; and

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WHEREAS, When prescribed appropriately by a psychiatrist, preferably a child and adolescent psychiatrist, and taken as prescribed, medication may reduce or eliminate symptoms and improve the daily functioning of children and adolescents diagnosed with psychiatric disorders; and

WHEREAS, Most psychotropic drugs have not been approved by the federal Food and Drug Administration (FDA) for pediatric and adolescent use; and

WHEREAS, Research is needed to determine the long-term safety of psychotropic medications in light of earlier ages of initiation and longer duration of treatment; and more long term studies are needed to examine drug concentrations in body fluids and tissues over time in children and adolescents to determine the appropriate dosage for youth of different ages and body sizes; and

WHEREAS, The lack of a body of long-term research on psychiatric medications for youth has resulted in widespread "off-label" use, meaning that physicians who prescribe a specific drug to children and adolescents do not have the benefit of research and drug labeling information developed by the sponsor and approved by the federal Food and Drug Administration (FDA) for this specific population; and

WHEREAS, It is important that children's mental health needs be recognized, but that caution be exercised in suggesting treatment; now, therefore, be it

Resolved by the Assembly and Senate of the State of California, jointly, That the Legislature of the State of California respectfully memorializes the President and the Congress of the United States to urge the FDA to probe the reasons for the rise in the use of prescription psychotropic drugs to manage mental health problems in youth; and be it further

Resolved, That the President and the Congress of the United States urge the FDA to develop expanded clinical trials, longitudinal studies, and other long term research on the appropriate use of medication in the psychiatric treatment of children and adolescents; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the President and Vice President of the United States, to the Speaker of the House of Representatives, to the Majority Leader of the Senate, and to each Senator and

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- 1 Representative from California in the Congress of the United
 2 States.